

PROGRAM NAME	PROGRAM CODE #	START DATE	TIME	COST

INSURANCE: The Wellington Parks and Recreation Department does not carry medical or accident insurance for program participants. I/We understand that participation can involve many RISKS and INJURIES, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body. I/We understand that I/We are responsible for any medical bills resulting from participation in Wellington's Parks and Recreation Department contact sport and/or recreation programs. I/We understand that insurance is the patient/parent/legal guardian's responsibility. _____ **Initials**

PARTICIPANT INFORMATION

Participant: _____ ☐ MALE Date of Birth: _____
 FIRST NAME LAST NAME MM / DD / YYYY
☐ FEMALE
 SPECIAL NEEDS, ALLERGIES, & IMPORTANT MEDICAL INFORMATION: _____
 Has this child played/participated in **this** sport/program before? ☐ Yes ☐ No If yes, how many years: _____
 Has this child played on a travel team for **this** sport? ☐ Yes ☐ No If yes, how many years: _____

HOUSEHOLD INFORMATION

Mother/Father/: _____
 Legal Guardian FIRST NAME LAST NAME
 Address: _____
 STREET
 CITY ZIP
 IS THIS A NEW ADDRESS? ☐ YES ☐ NO
 This is the: ☐ PRIMARY ☐ SECONDARY address of the **PARTICIPANT**.
 Main Number: _____ Alt: _____
 HOME/CELL/WORK HOME/CELL/WORK
 Email: _____

Mother/Father/: _____
 Legal Guardian FIRST NAME LAST NAME
 Address: _____
 STREET
 CITY ZIP
 IS THIS A NEW ADDRESS? ☐ YES ☐ NO
 This is the: ☐ PRIMARY ☐ SECONDARY address of the **PARTICIPANT**.
 Main Number: _____ Alt: _____
 HOME/CELL/WORK HOME/CELL/WORK
 Email: _____

Emergency Contact: _____
 NAME RELATIONSHIP NUMBER

ATHLETIC PROGRAMS

I would like to be a: ☐ Head Coach* ☐ Assistant Coach ☐ Sponsor ☐ Volunteer
 * The total number of participants accepted is directly related to the number of volunteer coaches secured. No experience is necessary.

How did you hear about this program? ☐ Rec Guide ☐ Website ☐ Previous Participant ☐ Newspaper ☐ Flyer ☐ Friend/Relative

Transfer & Cancellation Refund Policy: A \$10.00 per participant/activity administrative fee will be deducted for each transfer/refund. If you are unable to participate you must notify the office before the second activity/class to receive your refund. No refunds are issued after the 2nd Class. No refunds are available once the activity/class is over. A documented medical emergency can be considered for a refund after an activity/class has ended.

Registration Fee _____ ☐ Check # _____ ☐ Cash ☐ Visa / MasterCard / AmEx / Discover Total Paid _____ Accepted By _____
FOR FAX REGISTRATION – Visa / Mastercard / AmEx / Discover _____ **Exp. Date** _____

I agree to pay the amounts listed as credit card charges according to credit card issuer agreement

X _____

Printed name and Signature of card owner

Date

NOTE: IF YOUR CHILD HAS A MEDICAL CONDITION, IT IS YOUR RESPONSIBILITY TO INFORM THE COACH/INSTRUCTOR. I/We understand that a true copy of the registrant's birth certificate shall be presented at the time of registration for verification of date of birth. I/We, as parents or guardians, agree to return all equipment issued or pay for the replacement thereof. I/We release from responsibility any person transporting the registrant to or from activities. I/We understand that participation can involve many RISKS and INJURIES, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body. The Wellington Parks and Recreation Department does not carry medical or accident insurance for program participants. I/We understand that I/we are responsible for any medical bills resulting from participation in Wellington Parks and Recreation programs. I/We give consent for medical treatment at the nearest hospital, doctor or medical facility. I/We understand that insurance is the patient/parent/legal guardian's responsibility. In consideration of the permission granted by Wellington's Parks and Recreation to participate in these activities, I/we hereby release the Village of Wellington, its agents and employees, from all actions, causes of action, loss or damage, claims or demands of any kind and nature whatsoever which may arise by or in connection with participation or participation of my child/ward in activities related to Recreation Department Programs, which I, my heirs, estate, executors, administrators or assignees and for all members of my family, may have against Wellington Parks and Recreation and other above-described parties for all personal injuries known or unknown which I have incurred or may incur by participating in the program above. I/We give permission for Wellington Parks and Recreation to use the participant and photograph for publicity purposes. I/We the undersigned have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance.

X _____

Printed name and Signature of Parent(s) or Legal Guardian(s)

Date

WELLINGTON PARKS & RECREATION DEPARTMENT: 11700 Pierson Rd., Wellington, FL 33414

Register by Fax with Credit Card to (561) 791-4009 or Register Online at www.wellingtonfl.gov

(561) 791-4005, Ext. 3